Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)		T	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS						ſ	RATE	FEE		RATE	FEE	
FO	R		NUMBER F	ILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			⟨		* #			X\$ 9=		OR	X\$18=	738-
INDEPENDENT CLAIMS			minus 3 =		*		Ī	X40=		OR	X80=	180 ·
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	-	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	1528
CLAIMS AS AMENDED - PART II											OTHER THAN	
(Column 1)			(Column 2)			(Column 3)	SMALL ENTITY			OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 65	Minus	** (6/	= 4		X\$ 9=		OR	X\$18=	12
	Independent	* 7 NTATION OF M	Minus	***	F CLAIM	= 3		X40=		OR	x80 €	252
<u> </u>	THOTPHESE	INTATION OF M	OLTH CE DEI	LINDLIN	OLANI			+135=		OR	+270=	
										OR	TOTAL ADDIT. FEE	324
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	F.O. A.B.4]=		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	OLITPLE DEF	ENDEN	CLAIN		¹ [+135=		OR	+270=	
							L A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· /X	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	*** PENDEN	CLAIM	-		X40=	A	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR TOTAL ADDIT. FEE												
		ber Previously Pa			ent) is the		r four	nd in the app	ropriate box	in col	lumn 1.	